

## State Plan Title XIX of the Social Security Act

**Integrated Care Model****28. Integrated Care Model Accountable Community (AC) Program**

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**A. Provider**

Under the Accountable Communities Program, the State will contract with a Lead Entity. The term “Accountable Community” refers to the Lead Entity plus any other providers with which the Lead Entity enters into agreement. These other providers are referred to as “AC Providers.”

**I. Lead Entity Primary Care Case Management (PCCM) Requirements**

A Lead Entity must be, employ, or contract with:

1. An approved MaineCare PCCM Provider, or
2. An entity or individual that otherwise meets the following requirements that the entity or individual:
  - a. Be a physician, a physician group practice, or an entity employing or having other arrangements with physicians to provide such services; a nurse practitioner; a certified nurse-midwife; or a physician assistant;
  - b. Have a primary specialty designation of internal medicine, general practice, family practice, pediatrics, geriatric medicine, obstetrics or gynecology; and/or practice in a Rural Health Center, Federally Qualified Health Center, an Indian Health Services center, or School Health Centers;
  - c. Provides for reasonable and adequate hours of operation, including 24-hour availability of information, referral, and treatment with respect to medical emergencies;
  - d. Provides for arrangements with, or referrals to, sufficient numbers of physicians and other appropriate health care professionals to ensure that services under the contract can be furnished to enrollees promptly and without compromise to quality of care;
  - e. Prohibits discrimination on the basis of health status or requirements for health care services in enrollment, disenrollment, or reenrollment of individuals eligible for medical assistance under this title; and
  - f. Complies with the other applicable provisions of section 1932.

**II. Other Lead Entity Requirements.**

Lead Entities must also:

1. Have submitted successful responses to a Department’s Accountable Communities request for applications.

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2. Enter into an agreement with the State to participate in the initiative.
3. Have a governing body that:
  - a. has responsibility for oversight and strategic direction of the AC program;
  - b. provides interested parties with access to and communications regarding the AC's governance structure, roles, processes, decisions and action items;
  - c. Includes at least two MaineCare members served by the AC program or their caregivers or guardians in the governance structure.
4. Allow MaineCare members freedom of choice of providers and may not engage in any activities that limit the members' freedom to choose to receive services from providers who are not part of the AC.
5. Participate in quality measurement activities as required by the State.
6. Have contractual or other documented partnerships with at least one service provider in each of the following three categories, if such a provider serves members in the AC's service area. For purposes of this subsection, the AC's services area is defined as the totality of all Hospital Service Areas that include any of the AC's Providers that are Primary Care Providers.
  - a. Chronic Conditions,
    - i. Health Home Practices or Community Care Teams
    - ii. Providers of Targeted Case Management (TCM) services for children with chronic health conditions; or
    - iii. Providers of TCM services for adults with HIV
  - b. Developmental Disabilities
    - i. Providers of TCM for children with developmental disabilities, or
    - ii. Providers of TCM for adults with developmental disabilities
  - c. Behavioral Health
    - i. Behavioral Health Home Organizations
    - ii. Providers of Community Integration
    - iii. Providers of TCM for children with Behavioral Health Disorders or Providers of TCM for adults with Substance Abuse Disorders
7. Have contractual or other documented partnerships or policies to ensure coordination with all hospitals in the AC's service area.
8. Have contractual or other documented partnerships or policies to ensure coordination with at least one Public Health Entity, if such a provider serves members in the AC's

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service area.

9. If the AC Lead Entity is contracted with a Health Home Practice as an AC provider, the AC Lead Entity must invite any Behavioral Health Home Organization or Community Care Team with which the Health Home Practice partners to provide Health Home or Behavioral Health Home Services to participate as a contracted AC Provider as well

10. Execute a MaineCare Provider Agreement

## **B. Service Description**

### **I. Accountable Community (AC) Program**

Maine's Accountable Communities initiative's goal is to improve the quality and value of the care provided to MaineCare members. Accountable Communities will achieve the triple aim of better care for individuals, better population health, and lower cost through a program that provides the opportunity for shared savings payments based on quality performance through improved care coordination.

Accountable Communities will benefit from a value-based purchasing strategy that supports more integrated and coordinated systems of care. Accountable Community Lead Entities will ensure the location, coordination and monitoring of primary care health services and lab services, acute, and behavioral health care services. Accountable Community Lead Entities that elect to include long term service and support services as Optional Service Costs in the assessment of any shared savings as outlined in SPA pages 4.19 will also ensure the location, coordination, and monitoring of long term services and supports.

Under the Accountable Community (AC) program, an AC "Lead Entity" MaineCare provider contracts with the Department to share in a percentage of savings or losses for an assigned member population, commensurate with performance on specified quality metrics in four domains:

1. Patient Experience;
2. Care Coordination and Patient Safety;
3. Preventive Health; and
4. At-Risk Populations.

Performance on these quality metrics reflects the outcomes of locating, coordinating and monitoring of services by AC Lead Entities and AC Providers for members assigned to the AC for the performance year.

The Department's AC contract is only with the Lead Entity; it is not with any additional AC Providers that may make up the AC.

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**II. Covered Population**

MaineCare members who receive full MaineCare benefits, including Categorically Needy, Medically Needy, SSI-related Coverage Groups, Home and Community-Based Waiver and HIV Waiver members, and Children's Health Insurance Plan (CHIP) are eligible for assignment to Lead Entities for the assessment of savings and determination of quality metrics. Medicaid members will be assigned to an AC based on an algorithm defined in pages 4-19. Medicaid members' freedom to choose to receive any Medicaid service from any qualified Medicaid provider is in no way limited by the members' assignment to a Lead Entity.

**C. Core Services**

The following MaineCare services are included: Physician Services; Nurse Midwife Services; Federally Qualified Health Centers; Rural Health Clinic; Indian Health Centers; Targeted Case Management Services (excluding services provided by Department employees); Mental Health Services; Substance Abuse Treatment Services; Rehabilitative and Community Support Services; Home Health Services; Pharmacy Services; Hospice Care Services; Other Laboratory and X-ray Services; Ambulance Services; Medical Supplies Equipment, and Appliances (DME); Family Planning Services; Occupational Therapy Services; Physical Therapy Services; Speech Therapy Services; Chiropractic Services; Optometrist's Services; Hearing Aids; Audiology Services; Podiatrist's Services; Clinic Services; Early and Periodic Screening, Diagnostic and Treatment Services; Inpatient Hospital Services; Outpatient Hospital Services; and Inpatient Psychiatric Facilities Services.

**D. Optional Services**

The AC may also elect to include any of the additional MaineCare services: Children's residential Private Non-Medical Institution (PNMI) services; HCBS waiver services (excluding the Other Related Conditions waiver); Nursing Facility Services; Intermediate Care Facilities for Individuals with Intellectual Disability (ICF-IID); Private Duty Nursing and Personal Care Services; and Dental Services.

**E. Limitations**

I. The following populations are excluded from assignment to an AC:

- Members without full MaineCare benefits
- MaineCare members who have less than six (6) months of continuous MaineCare eligibility or less than nine (9) months of non-continuous eligibility within the twelve (12) month period of analysis.

II. The following services/program costs are excluded:

- Private Non-Medical Institutions (PNMI), except for children's residential PNMI
- Non-Emergency Transportation
- Targeted Case Management when provided by Department employees
- Other Related Conditions HCBS Waiver

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**F. Assurances**

The Department makes the following assurances:

1. The AC program does not restrict members' free choice of provider as described in 42 CFR 431.51.
2. All services under the AC program are provided in accordance to the provision of 1905 (t) of the Social Security Act. Specifically the Department assures:
  - a. All provider participants in the AC program are prohibited from discriminating on the basis of health status or requirements for health care services in enrollment, disenrollment, or reenrollment of individuals eligible for medical assistance. Any marketing and/or other activities must not result in selecting recruitment and assignment of individuals with more favorable health status
  - b. The Department will notify members who are assigned to an AC of the program. The Department will notify the State's Medicaid beneficiaries of the program through an annual mailing beginning with the first quarter in which the member is assigned, including a description of provider payment incentives, and the use of personal information.
  - c. The Department will comply with all applicable provisions of section 1932 of the Social Security Act.